

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013651

FILED MAY 12 1959 Registration District No. 146 Primary Registration District No. 3026 STATE FILE NUMBER Registrar's No. 213

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) 1400 N. River Rd.		d. STREET ADDRESS (If outside, give location) 1242 Washington	

3. NAME OF DECEASED (Type or print) First EDMOND Middle DALLAS Last FEAR			4. DATE OF DEATH Month May Day 2 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1868	9. AGE (In years last birthday) 90	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Wkly. K.C. Star	11. BIRTHPLACE (City and state or country) Sigourney, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jack Fear	13b. MOTHER'S MAIDEN NAME Eliza Jane Brown	14. NAME OF HUSBAND OR WIFE Lu Lu Fear (Divorced)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 493-12-9984	17. INFORMANT Nell Milward, Williams, Arizona	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary occlusion	2 day
	DUE TO (c) Generalized Arteriosclerosis	Several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 10:00 a.m. 10:00 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION Independence, Mo.	COUNTY Jackson	STATE Missouri
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20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20h. CITY, TOWN, OR LOCATION Independence, Mo.	COUNTY Jackson	STATE Missouri
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21. I attended the deceased from **May 2** to **May 2, 1959** and last saw her alive on **May 2, 1959**
Death occurred at **10:00** m on the **2** date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Samuel L. Carson MD	22b. ADDRESS 10901 Winnie Bld. Indep. Mo.	22c. DATE SIGNED May 4, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-5-59	23c. NAME OF CEMETERY OR CREMATORY Odesa Cemetery	23d. LOCATION (City, town, or county) (State) Odesa, Missouri
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24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.	25. DATE RECD. BY LOCAL REG. 5-5-59	26. REGISTRAR'S SIGNATURE Samuel L. Carson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by JOHN W. PITTS, Student Embalmer No. 564 working under my personal supervision.

Student John W. Pitts
Signature of Student Embalmer

Signed Raymond F. Stone
Licensed Embalmer No. 4266
P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.